

C.L. "BUTCH" OTTER- Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T — Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, idaho 83720-0336 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

February 15, 2007

Maquel Wrigley, Administrator Rosetta Assisted Living - Hiland 1919 Hiland Burley, ID 83318

License #: RC-694

Dear Ms. Wrigley:

On January 25, 2007, a state licensure survey was conducted at Rosetta Assisted Living - Hiland. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

KM/slc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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January 30, 2007

Lisa Junod, Administrator Rosetta Assisted Living - Hiland 1919 Hiland Burley, ID 83318

Dear Ms. Junod:

On January 25, 2007, a state licensure survey was conducted at Rosetta Assisted Living - Hiland. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 24, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		13R694		B. WING _		01/5	25/2007	
NAME OF PROVIDER OR SUPPLIER STREET AD POSETTA ASSISTED LIVING HILAND 1919 HILL				DDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
R 000 Initial Comments			R 000					
	found to be in subst Rules for Residentia Facilities in Idaho. were cited during th conducted at your fa	eyor LSW eyor SW	ith the Living encies urvey					
				:				
Bureau of Fa	cility Standards				TITLE		(X6) DATE	

GS4011

(X6) DATE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility	Name		Physical Address	Phone Number			
Rosetta, Hiland			1919 Hiland				
Administrator			City	208 - 67 ZIP Code	<u> </u>		
Survey Team Leader Ungley			Burley	83318			
			Survey Type	Survey Date			
Karen McDannel			Standard	1/25/07			
	-CORE ISSU	IES .					
ITEM #	RULE# 16.03.22		DESCRIPTION		DATE RESOLVED	BFS	
/	260.06	The large Cream - Co	fored sofa was not maintain	ect in		10000	
		a good condition.					
2	450	The facility did not	meet the standards in the	Idaha			
		Food Code. See Kei	tchew enspection forms.				
3	711.09	11.09 alhe facility did not assure. Resident 445 record					
		Contained a current	physicians order that we	as signed			
·····		and dated.		0			
4	305.02	alke facility nurse a	ted most assure Resident 44	<u> </u>			
		medication orders	were lutrent, dated and	signed			
		ley physician or auth	receyed provider.				
		, ,					
						200	
						95.03	
						190 (00)	
Response Required Date		Signature of Facility Representative			Date Signed :		